Mozambique

Final Country Report

April, 2000

The goal of the Family Planning Service Expansion and Technical Support (SEATS) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services.

John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS Project. These include the American College of Nurse-Midwives (ACNM), AVSC International, Initiatives, Inc., the Program for Appropriate Technology in Health (PATH), World Education, and partner organizations in each country where SEATS is active.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARO	Africa Regional Office
ASEM	Association for the Benefit of the Child
BHR	Bureau for Humanitarian Response
CBD	Community-based Distribution
CBRH	Community-based Reproductive Health
CLC	Community Leadership Councils
CPR	Contraceptive Prevalence Rate
CQI	Continuous Quality Improvement
CS	Child Survival
CYP	Couple-years of Protection
DDS	District Health Directorate
DHS	Demographic and Health Survey
DPS	Provincial Health Directorate
FINNIDA	Finnish Development Agency
FP	Family Planning
FPLM	Family Planning Logistics Management Project
GOM	Government of Mozambique
GTZ	German Technical Cooperation
HAI	Health Alliance International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IUD	Intrauterine Device
JSI	John Snow, Inc.
MAQ	Maximizing Access and Quality
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MIS	Management Information Systems
MOH	Ministry of Health
NGO	Non-governmental Organization
PR	Performance Result
PVO	Private Voluntary Organization
QIQ	Quick Investigation of Quality
RH	Reproductive Health
RHII	Reproductive Health Integration Initiative
SCF	Save the Children Federation
SDP	Service Delivery Point
SEATS	Family Planning Service Expansion and Technical Support Project
SO	Strategic Objective
STD/STI	Sexually Transmitted Disease/Infection
TBA	Traditional Birth Attendant
TdH	Terre des Hommes
TOT	Training of Trainers
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
WCI	Women and Children Impact
WLI	Women's Literacy Initiative
WRC	World Relief Corporation
WRA	Women of Reproductive Age

I. EXECUTIVE SUMMARY

In late 1996, the United States Agency for International Development (USAID)/Mozambique requested that the Family Planning Service Expansion and Technical Support (SEATS II) Project implemented by John Snow, Inc.(JSI) assist USAID-funded private voluntary organizations (PVOs) to integrate family planning and reproductive health (FP/RH) into their child survival (CS) programs. Specifically USAID/Mozambique asked SEATS to work with PVOs in the southern half of the country (Manica, Sofala and Gaza Provinces). The SEATS strategy in Mozambique was to:

> **Assist the United States Agency for International Development in achieving its strategic objective - increased use of essential, community-based maternal child health (MCH) services in focus areas, with the indicator, "contraceptive prevalence rate (CPR) for modern contraceptive use".**

SEATS developed four subprojects with PVOs in Mozambique: with Save the Children Federation (SCF) and World Relief Corporation (WRC) in Gaza Province; with Terre des Hommes (TdH) in Sofala Province; and with Health Alliance International (HAI) in Manica and Sofala Provinces. In close partnership with the Ministry of Health (MOH) and the relevant PVOs,
the subproject programs included the following major components:

- Information, education and communication (IEC) materials development;
- FP/RH counseling and technical skills training;
- Continuous quality improvement (CQI) training and activities.

In addition to these subprojects, SEATS collaborated with Pathfinder International on national level policy issues and activities including: PVO forums, CBD study tours, CBD curriculum development, CBD pilot service delivery programs, contraceptive logistics and reproductive health IEC materials assessments. Funding for the SEATS subprojects and national level activities came from USAID/Mozambique field support obligations.

In January 1998, the SEATS contract was modified. The contract modification defined three specific Performance Results (PR), one of which, PR2, called for intensified support to three PVOs to help them integrate FP/RH into their CS programs. The World Relief Corporation's Mozambique program in Gaza Province (already a SEATS subproject site) was selected as one of the three PR2 sites. SEATS core funds were used to support the WRC/ PR2 activities and a small literacy activity as well as monitoring, evaluation, quality and sustainability components for all subprojects. Finally, the USAID/Africa Bureau funded the development of an Urban Initiative program in Beira.

SEATS' program in Mozambique has made significant contributions toward achievement of the USAID strategic objective, as reflected in the information and data gathered through surveys, evaluations, quality assessments and a dissemination workshop. SEATS has made contributions toward:

- Improving access to services: Youth corners are operating in two pilot clinics and 22 service providers have been trained in youth- friendly services. Forty-six Community-based Reproductive Health (CBRH) agents are working in Gaza Province (WRC and SCF districts) and 68 in Muanza and Cheringoma Districts in Sofala (through TdH).
- Improving human resources development and technical competence: More than 60 MCH nurses in three provinces have been trained in family planning technical and counseling skills. Trainee follow-up reveals over 70 percent learning retention one year after training. Sexually transmitted infection (STI) training has been provided to 62 nurses in Manica and Sofala. *Activistas*, community health workers, traditional birth attendants (TBAs) and other volunteers received training in FP/RH or were trained as CBD agents.
- Strengthening institutional capabilities: Health centers have formed quality teams for ongoing problem identification and resolution. Improvements have been made in infrastructure and essential equipment has been purchased for clinics.

Despite the successes, much work is still needed to sustain and expand these achievements. Local and external resources (material, human and financial) are limited. The sustainability of activities implemented under donor support is not assured. The Government of Mozambique (GOM), USAID, the subproject partners and other interested parties should build on the activities that are so promising – youth-friendly health services, community-based RH agents, quality teams, etc. – to ensure continued success.

II. PROJECT BACKGROUND

A. Country/Demographic Background

Twenty years of civil war and, more recently, a severe drought caused approximately four million people to be internally displaced in Mozambique and 1.7 million more to take refuge in the neighboring countries of Malawi, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. Many of the affected people became dependent on humanitarian aid. Since the signing of the Peace Accord in 1992, Mozambique has been rebuilding its infrastructure, but conditions remain difficult throughout the country.

The annual per capita gross national product in Mozambique is estimated at US$90, with over 60 percent of the population living in extreme poverty. According to the 1997 Demographic and Health Survey (DHS), the population of approximately 17.5 million is growing at a rate of 2.8 percent per year with a national contraceptive prevalence rate of 5.2 percent. Forty-six percent of the population is under 15 years of age and the median age of first sexual contact is 16 years for women and 18.3 years for men. The total fertility rate is 5.6.

Mortality rates in Mozambique are the fourth highest in the world and life expectancy is only 47 years (UNICEF, State of the World's Children 1997). The 1997 DHS indicated an infant mortality rate of 135/1000 live births and under-five mortality of 201/1000 live births. The maternal mortality ratio was estimated at 700/100,000 live births.

Rising human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) prevalence rates are of major concern in Mozambique. The signing of the Peace Accord precipitated the return of many refugees from neighboring countries that have very high HIV/AIDS rates. Commercial corridors have been reopened, facilitating the spread of STIs including HIV/AIDS. Although the USAID-funded Population Services International social marketing project has significantly increased the use of condoms in the country, only three percent of women surveyed in the 1997 DHS reported using condoms for family planning and/or disease prevention.

All health services in Mozambique are provided through the government system. Although many health posts have been rebuilt, there are too few professional health care providers to staff them. Programs for the training of community level health workers have been developed to increase access to primary health care. Family planning is supposed to be integrated with MCH services, but, in fact, there are very few FP services available in Mozambique, especially in rural areas.

B. SEATS in Mozambique

In late 1996, USAID/Mozambique provided field support funds to SEATS to undertake family planning integration activities with PVO child survival grantees. SEATS' first visit to Maputo was in February 1997, when three PVOs were identified as potential SEATS partners: Save the Children Federation, Terre des Hommes and World Vision International. A subsequent visit identified more potential PVO partners: Project HOPE, Medical Care Development, Inc and Health Alliance International. By July 1997, subprojects were developed with Save the Children Federation in Gaza Province and with Terre des Hommes in Sofala Province.

In August 1997, USAID/Mozambique launched a project with Pathfinder International and suggested that the combination of support from both Pathfinder and SEATS would be positive for the PVOs. A Memorandum of Understanding between Pathfinder and SEATS set forth agreements to collaborate on FP/RH issues both nationally and geographically. Pathfinder would assist PVOs in Nampula, Zambezia and Niassa Provinces; and SEATS would assist PVOs in Manica, Sofala and Gaza Provinces. (As a result, the previously-developed World Vision concept paper was transferred to Pathfinder.) National level activities would include IEC and CBD efforts.

During August 1997, SEATS met with World Relief Corporation, which was implementing a USAID/Bureau for Humanitarian Response (BHR)-funded child survival project in Gaza Province. In October 1997, SEATS participated in the midterm evaluation of this project, during which specific weaknesses were identified in WRC's FP efforts. To help address these weaknesses, SEATS and WRC developed a subproject that was approved in June 1998. SEATS and HAI conducted a RH needs assessment in November 1997, which led to development of the HAI subproject (SEATS' fourth Mozambique subproject) in July 1998.

During the first year of project activities, SEATS supported the Mozambique subprojects with technical and administrative assistance from the Africa Regional Office (ARO) in Harare, Zimbabwe. In January 1999, SEATS hired a full-time Program Manager and opened an office in Maputo to augment ARO's ongoing active support to Mozambique.

III. GOALS AND OBJECTIVES

A. USAID Strategic Objectives

Only recently has family planning become a priority for the Ministry of Health with the GOM requesting that USAID and other donors assist in implementing its family planning program. A little more than half of USAID/Mozambique's health/population funding goes to PVO child survival grants. When new child survival grants were awarded in April/May 1997, the Mission urged the PVOs to place greater emphasis on family planning. The Mission presented SEATS as a source of technical assistance for the integration of FP/RH into the PVO child survival programs - offering a multidisciplinary approach to family planning services and assistance in such areas as management, quality of care, IEC, training, and sustainability. SEATS was asked to assist USAID/Mozambique with the following strategic objective and intermediate results:

SO3: Increased use of essential, community-based MCH services in focus areas, with the indicator, "CPR for modern contraceptive use."

Intermediate Result 3.1: Increased access to community-based services, with the indicator, "Health centers meeting basic quality standards."

Intermediate Result 3.2: Increased demand for community-based services, with the indicators, "Mothers using FP services" and "Households knowing at least two modern FP methods."

B. SEATS' Goals and Objectives

SEATS' overall goal in Mozambique, in support of USAID's SO, was to increase the CPR for the target populations of the subprojects. Although the SEATS subprojects each had a different goal, they all included two main types of objectives:

1. Increase community knowledge about reproductive health and family planning.

2. Increase access to sustainable, quality reproductive health/family planning services.

The national level activities designed in collaboration with Pathfinder also addressed these objectives.

IV. SEATS COUNTRY STRATEGY

The SEATS strategy in Mozambique was to assist USAID in achieving its strategic objective as described above, by working with the MOH and PVOs to expand and improve FP/RH through the use of both traditional and innovative approaches. In addition to national-level activities, activities introduced under each subproject emphasized community involvement, quality of care, sustainability and monitoring and evaluation. The approaches included:

1. **Quality of Care – Continuous Quality Improvement:** SEATS used the Bruce/Jain quality framework and additional elements as the basis for quality activities in the Mozambique subprojects. Each subproject established one or more quality teams (with its MOH counterparts) to build CQI into routine organizational procedures and to develop and implement a quality action plan. The plans included multiple elements of the SEATS quality approach: community participation, client orientation, democratic team work, improving processes, using data for decision-making, and applying best practices.

2. **Sustainability:** SEATS aimed to sensitize and train PVO staff and their counterparts in sustainability. Together, they identified sustainability activities (financial and programmatic) and developed action plans. Each plan included monitoring activities.

3. **Monitoring and Evaluation:** An essential part of all SEATS activities, all subprojects monitored their progress and submitted quarterly reports that included narrative and quantitative descriptions of activities, service statistics, progress, problems and constraints. To monitor the quality of care for clinic-based family planning services, a study using Quick Investigation of Quality (QIQ) tools was carried out in the HAI and SCF subprojects. QIQ is a new low-cost methodology developed by the MEASURE Evaluation Project in conjunction with USAID's Maximizing Access and Quality Initiative. Mozambique was one of the first countries to use the survey methodology. A second round of QIQ was later conducted as an endline study in Gaza. In Manica and Sofala, nurses' counseling and technical skills were assessed within a year after training to judge their impact. For the WRC/PR2 site, SEATS undertook a community survey in October 1998 and an endline study in September 1999. For all subprojects, service statistics and other reports served as monitoring instruments.

4. **PR2:** As mentioned, WRC's Gaza site was selected as one of three international PVO sites to participate in and receive additional support under SEATS Performance Result 2. PR2 was designed to increase the capacity of PVOs to design, implement, monitor and evaluate quality FP/RH programs. Activities under PR2 were complementary to the SEATS subproject WRC was already implementing.

5. **Women's Literacy Initiative (WLI):** The WLI was one of SEATS' five Special Initiatives that aimed to test and promote innovative approaches to RH through pilot efforts and non-traditional channels. Through its WLI-implementing partner, World Education, SEATS worked with SCF to determine if a comprehensive RH/literacy program would be effective to promote demand for FP. Since support for a WLI subproject was not available, SEATS was asked to work with the collective of Mozambique literacy PVOs through Action Aid to add a RH component to the "Reflect" literacy model, which is used in Mozambique and 30 other countries.

V. PROGRAM IMPLEMENTATION

A. National Level Activities

In addition to the four subprojects in Mozambique, SEATS developed and implemented several activities at the national level in support of the MOH. Some, including CBD study tours, curriculum development and IEC materials assessment, were undertaken in collaboration with Pathfinder International. Although the national-level activities were not the major focus of SEATS' goal and strategy in Mozambique, their results and achievements may have even greater and more widespread impact than those of the subprojects.

CBD Study Tours

Three study tours were organized in collaboration with Pathfinder International and the MOH to orient and expose Mozambican program managers and policy makers to different CBD programs.

The objectives of these tours were:

- to observe CBD activities in the field;
- to observe integration activities at the clinic level and discuss their linkages to the CBD program;
- to share experiences of stand-alone and clinic-linked CBD programs;
- to observe male motivation and workplace activities in CBD programs;
- to discuss issues related to supervision, training, management information systems (MIS), logistics, referral and overall program management;
- to discuss the sustainability of various programs and approaches.

- In February 1998, a CBD study tour to Malawi was coordinated by SEATS with assistance from Pathfinder. Participants were from the MOH, the Provincial Health Directorates (DPS) of Gaza and Nampula, Save the Children, World Relief, Pathfinder and Amodefa – a Mozambican NGO focusing on RH.
- In September 1998, the same group went on a CBD study tour to Kenya coordinated by Pathfinder with assistance from SEATS. This gave the seven participants from Mozambique the opportunity to see yet another country's program, one that had been underway for much longer (10 years in Kenya versus two in Malawi). Three different projects were visited.
- A second Malawi study tour was conducted by SEATS with assistance from Pathfinder in February 1999 for representatives from Sofala, Zambezia, and Niassa Provinces as well as MOH officials. After an orientation to the Malawi CBD program, three different CBD projects were visited.

CBD Program

Following the study tours, the MOH piloted programs to increase access to RH services in the rural areas.

- SEATS and Pathfinder developed a draft curriculum for CBRH agents and two workshops were held using the curriculum. Workshop participants were from the MOH at the national and provincial levels and from the PVOs planning to pilot CBRH programs.

- A training of trainers (TOT) on using the curriculum was held in November/December 1998. A subsequent workshop in March 1999 was a training practicum during which CBRH agents were trained. Topics included: the role and tasks of the CBRH agents; interpersonal communication; home visits; family planning and methods used in Mozambique; anatomy and physiology of human reproduction; distribution methods; referral; and others.
- CBD pilot programs were implemented in the SEATS subprojects with SCF, WRC and TdH.
- During SEATS' dissemination workshop in November 1999, several issues with CBRH agents were raised such as supervision, support from DDS and DPS, remuneration and sustainability, and the lack of clear policy from the MOH. As the program is still in its pilot phase, these issues will need to be addressed by the PVOs and MOH.

Reproductive Health IEC Materials

The PVOs working in rural areas do not generally have RH IEC materials to be used by their community workers. SEATS helped identify and develop appropriate materials that are now being used to educate clients and increase the demand for and use of RH services.

- SEATS provided technical assistance to the MOH to review all of the existing RH materials in Mozambique to determine their appropriateness and optimal use. Material was collected in a clearinghouse based at the Pathfinder office and the list of available items was circulated to the MOH and the PVOs. The collection showed clearly that there was a critical need for additional and better materials.
- SEATS worked with consultants and the MOH to develop and test FP flipcharts in Gaza and Sofala Provinces. Two flipcharts were developed for different populations: WRC, SCF and HAI opted for a FP-only flipchart; while TdH preferred a combined safe motherhood and FP flipchart. WRC chose a bilingual flipchart in Portuguese and Changane. More than 6,500 flipcharts were distributed to the subprojects between July and September 1999.
- SEATS helped the IEC unit of the MOH procure computer equipment to enable the continuing production of high quality materials.
- SEATS financed the printing of IEC materials on adolescent reproductive health for use nationwide.
- Through its WLI, SEATS helped SCF and other PVOs develop FP/RH modules and materials to incorporate into the “Reflect” literacy model used by literacy programs throughout Mozambique and 30 other countries.

Contraceptive Logistics

- In collaboration with JSI's Family Planning Logistics Management (FPLM) Project, SEATS provided a technical consultant to the MOH, the DPS in Gaza, and to the WRC and SCF subprojects to identify issues related to expanding the contraceptive pipeline to include CBD sites/providers.
- FPLM is currently working on logistics in Mozambique a d galvanize the donors and the MOH to look into the prob management.

USAID - PVO Forums

- SEATS and Pathfinder together facilitated USAID-suppo these events was for the PVOs to share knowledge and ze resources. Task forces with members from PVOs and t ch as CBD programs, IEC materials and contraceptive log

B. Subproject Activities

1. World Relief Corporation Subproject (June 1998 - September 1999)

World Relief Corporation has been working in Gaza Province since 1988, initially in response to the GOM request for drought relief. WRC activities focused primarily on credit, agriculture, water/sanitation and health projects until 1995, when a four-year grant was awarded by USAID/ BHR to implement the Vurhonga Child Survival Project based in Guijá and Mabalane Districts. The project targets mothers with children under two years of age. The Vurhonga CS Project covers 39 villages in the two districts and serves a total population of approximately 91,000 with 21,000 women of reproductive age.

A key intervention of the WRC CS project was to ensure that each village in Mabalane and Guija Districts had a permanent health post with a trained health worker. In the WRC model, a health post is staffed by a socorrista, a paramedical worker who has received a two-month training in child survival and is able to treat certain ailments and provide IEC. WRC worked to mobilize the communities in villages without health posts to construct them and also trained the socorristas. Socorristas are remunerated, receiving a portion of the fees paid for their services, making the model more sustainable than one that relies on volunteers. WRC trained and deployed socorristas to 21 communities in Guija and Mabalane, increasing access to CS-related health services (as measured by the percent of people within 5km of a health post) from 54 to 98 percent by the end of 1998.

The socorristas are supported by a group of animators who train and support 1500 village volunteers throughout all villages in the project area. The animators and volunteers promote the child survival interventions through health talks and family visits, and refer clients to the health posts for services. All project efforts have been coordinated with the District Health Offices (DHOs) in Guija and Mabalane. During the life of the child survival project, WRC provided assistance to the DHOs, but ultimately it is the DHOs who will be responsible for provision of family planning services, which includes responsibility for overseeing the socorristas.

In September/October 1997 WRC conducted a mid-term evaluation of the child survival project. The evaluation showed that WRC had met or surpassed all of its 15 stated objectives except one: to increase the number of women using family planning from 3 percent to 10 percent. The report also indicated that within the catchment area, WRC had firmly established a community-based structure that was effective in reaching the catchment population and had been able to sensitize much of the community about family planning. WRC had also developed strong working relationships with the Guija and Mabalane DHOs and the health centers and health posts.

As mentioned, SEATS participated in the mid-term evaluation of WRC's CS project. Subsequently, SEATS and WRC designed a subproject that would serve to strengthen the FP efforts by promoting the integration of RH services into CS activities and improving the quality, accessibility and sustainability of family planning and related services.

In addition to the subproject, in August 1998 USAID approved SEATS' request to accept WRC/Mozambique as the first of three sites under the new SEATS integration Performance Result 2.

SEATS aimed to provide WRC with the training, tools and technologies to generate FP/RH services where none were previously available and to help WRC improve the quality of FP/RH services where they already existed. Through the training of socorristas as CBD agents, access to FP services in the WRC project area would increase. Quality of care training for health post and health center workers and contraceptive technology update workshops for service providers would improve services and training, and technical assistance in sustainability was planned to improve the prospects of services continuing beyond the end of the child survival project. Through assistance in the collection of relevant data, SEATS and WRC would monitor and report on progress.

WRC and SEATS anticipated that SEATS assistance would equip the PVO with a strong capacity to determine and utilize effective methods of integrating family planning and reproductive health programs into existing and future PVO activities. With projects in seven African countries and in twenty-one countries worldwide, WRC was in an ideal position to expand or replicate the skills learned through this unique partnership with SEATS.

A major focus of the PR2 assistance provided by SEATS was in the area of monitoring and evaluation: routine monitoring through the WRC MIS; and periodic monitoring through special studies. As WRC was a BHR PVO child survival grantee, it had established a monitoring and evaluation system prior to SEATS' arrival. SEATS worked with WRC to enhance the existing system rather than to create a parallel system for FP/RH. Two significant M&E activities were introduced and implemented in addition to support to WRC's existing MIS:

- SEATS' Program Improvement Review (PIR) was designed to assess and document the effectiveness of community-based FP programs. The data collection process involves managers, supervisors, providers, and partners using interviews, observations and record reviews to obtain a profile of project performance. The use of the PIR was also intended to enhance capacity within WRC to use data to assess and improve project management and to assess the process of integration. The PIR addressed the areas of management and organization, supply systems, sustainability, quality of services, and community commitment.
- A community survey implemented by SEATS and WRC was designed to collect information on CPR and family planning/reproductive health knowledge and attitudes. This included knowledge of FP methods, availability of FP services, knowledge of STI/HIV/AIDS, attitudes toward family planning and willingness to pay for services.

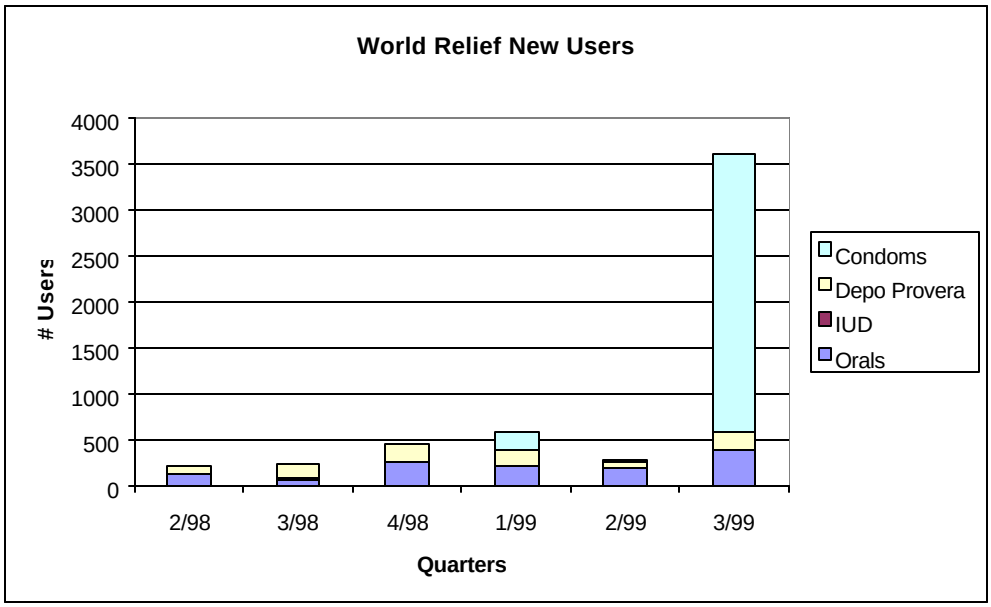
These special PR2 activities that supplemented and complemented previously designed elements of the subproject were significant in helping WRC improve its capacity to design, implement, monitor and evaluate quality RH services.

The subproject objectives, activities and outputs - including the PR2 activities and support, are described below.

Objective 1: Increase demand for and knowledge of family planning and reproductive health services through development of an IEC strategy

- An IEC consultant worked with WRC staff to develop a FP flipchart for use by the volunteers. The flipcharts were distributed and are being used by FP providers, animators and village volunteers.
- A workshop was held to train the volunteers on the use of the FP flipcharts. Thirty-eight project animators trained by WRC in turn trained 1,500 village volunteers.
- Figure 1, below, shows the increase in new family planning users over the life of the project. The decrease in new users after Quarter 1, 1999 is mainly due to seasonal events: during part of the year, women have to go to the fields for the harvest and, therefore, have limited opportunity to go to the clinics.

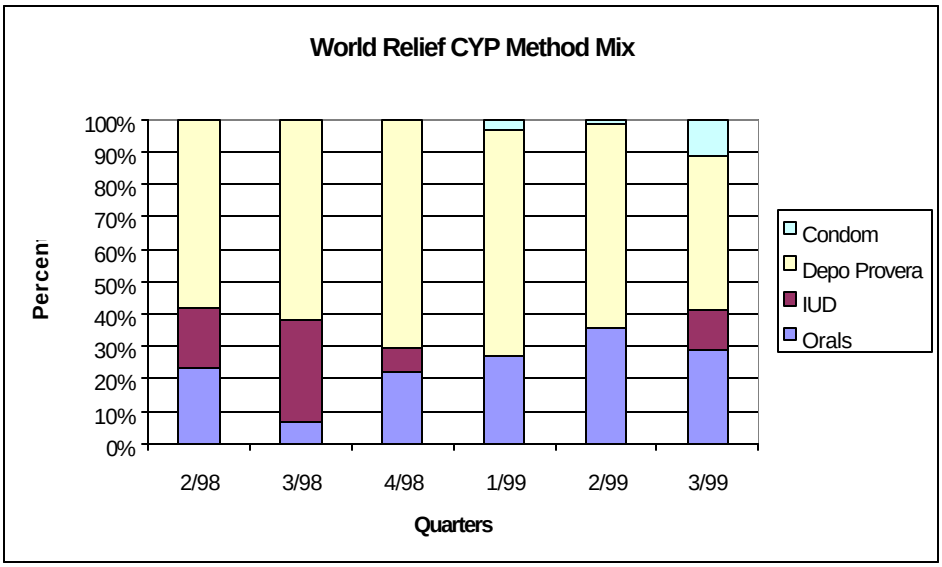
Figure 1: World Relief New Users



Objective 2: Increase access to and use of FP and RH services in selected WRC target areas through the development and implementation of an integrated pilot CBD program for socorristas

- WRC participated in the national-level workshops to develop the CBRH curriculum and in the TOT training.
- 21 new service delivery points (SDPs) were created through the training of socorristas as CBD agents (increasing access from 54 percent to 98 percent of the target population within five kilometers of an FP service provider).
- WRC worked with the FPLM consultant to determine the impact of a CBRH program on the contraceptive supply pipeline at the district and provincial levels. The aim was to ensure the availability of sufficient commodities given growing demand.
- WRC purchased three motorcycles for the DDS- Guija and two for DDS- Mabalane to ensure supervision of FP and RH services and mobile RH services.
- Figure 2 reflects the mix of contraceptive methods distributed in the WRC subproject area during the project. These include all methods distributed by the CBDs as well as through the clinics. Stockouts of oral contraceptives (especially in the last part of 1998) resulted in injectables and IUDs being given to some women who would normally have been provided with pills.

Figure 2: World Relief CYP Method Mix



Objective 3: Increase the quality and sustainability of family planning and reproductive health services offered by selected WRC and district health service delivery sites

- WRC developed a sustainability plan with assistance from SEATS. The plan addressed the need to improve MOH capacity to coordinate and monitor delivery of MCH and FP services and to strengthen relationships between the MOH and the community. Some key elements of the plan were internal policy commitment from MOH staff and commodity procurement and management to ensure continuation of the FP and CBD program.
- Socorristas instead of community volunteers were chosen as CBD agents to ensure the sustainability of the program. As the soccoristas already work in the communities and charge a small fee for consultations (although not for FP), they were considered more likely to continue working once the project came to an end.
- As a form of institutional capacity building and to increase the quality of services, two nurses from each of the districts attended a FP counseling skills course held in collaboration with the MOH and SCF.
- The district medical doctor from Guija participated in the SEATS quality workshop held in March 1999. WRC developed a quality action plan with activities at the health center level that included: strengthening the supervision provided by the health centers to the health posts; training CBRH agents; providing health talks in the communities; and using IEC materials in health posts and other gathering places.

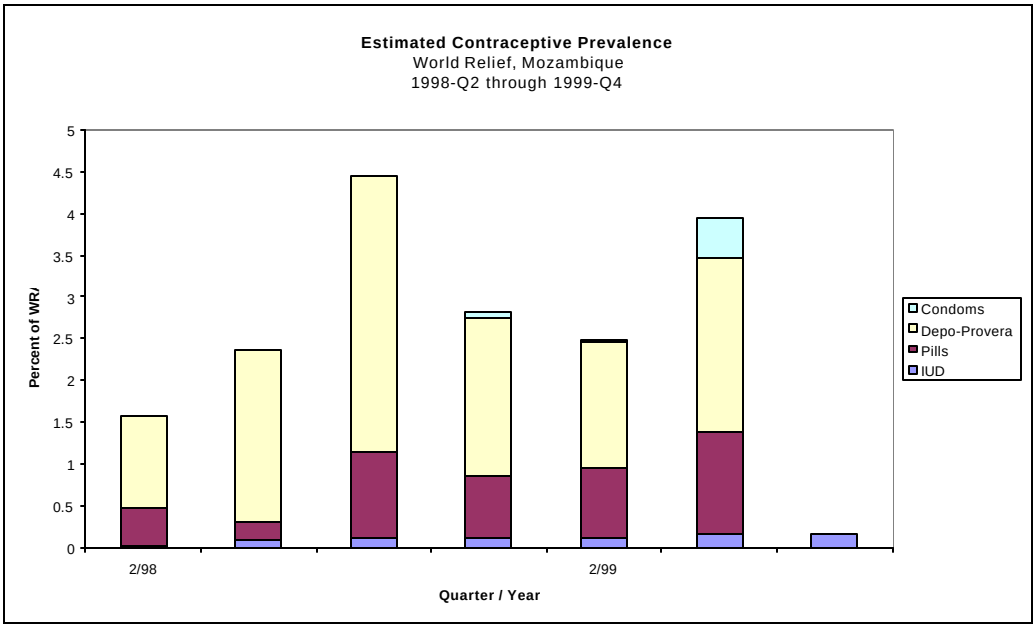
Objective 4: Increase understanding of the process, best practices, and lessons learned from integrating FP and RH activities into the WRC child survival project

- WRC was selected as one of three SEATS PR2 sites. An extensive survey was carried out in September 1998 and repeated in September 1999. The survey provided information for planning, monitoring and evaluating the SEATS/WRC and MOH program in both training socorristas as CBDs and in their work of community health education and provision of quality FP/RH services. Major findings included:
  - limited method choice due to stockouts;
  - improved provision of information on HIV/AIDS;

- increased knowledge about condoms;
- barriers to FP acceptance found in the baseline including: husbands' opposition, absence of husbands from home (they work in mines in South Africa), and lack of perceived need for FP. By the endline survey, FP was more readily accepted by all groups. (For a summary of endline survey findings, please see Appendix 2.)

♦ Figure 3, below, shows the estimated CPR of the WRC subproject area.

Figure 3: World Relief Estimate CPR



2. Save the Children Federation Subproject (July 1997 - September 1999)

Save the Children Federation has worked in Mozambique since 1986 implementing community-based programs for disadvantaged Mozambican children and their families. Since 1988, SCF has worked in Gaza Province rehabilitating health infrastructure and providing support for capacity building in MCH services. Currently, SCF is working in three districts in Gaza Province: Bilene, Xai-Xai and Manjacaze under the USAID/Mozambique PVO II grant. The total population in these three districts is 679,884 with 154,100 WRA. Reasons for low contraceptive use were related to socio-cultural factors including beliefs and practices which do not encourage the use of contraceptives, the fact that having many children has great value in society, and lack of knowledge about the existence of modern family planning. The SEATS subproject with SCF was designed to improve and promote RH information and services for this population.

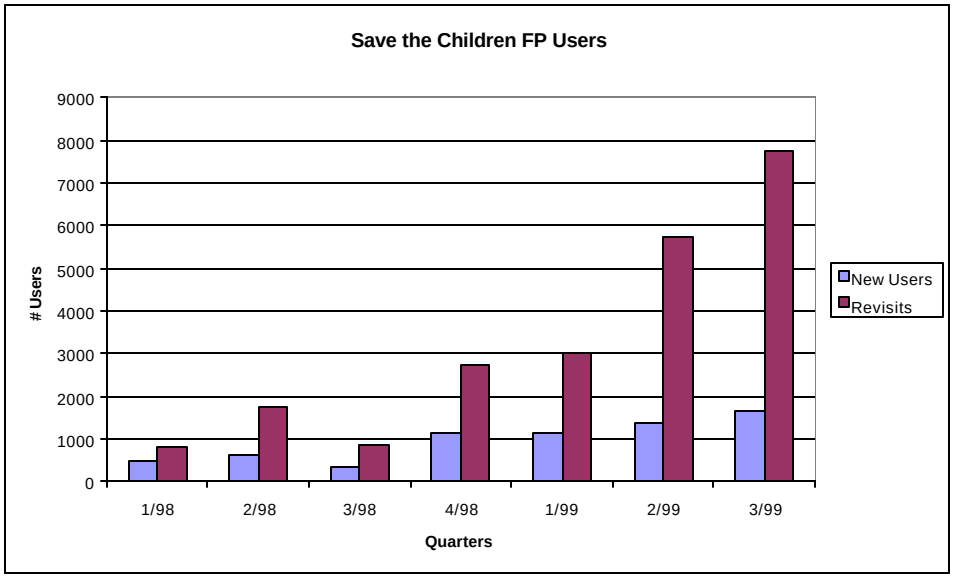
Objective 1: To promote demand for FP through the adaptation and/or development of locally-appropriate IEC strategies and materials aimed at community leaders, men, women of childbearing age and participants in SCF's literacy program

♦ An IEC consultant worked with the SCF staff to develop a FP flipchart for use by the health centers, *activistas* (a health worker who provides IEC, but is not trained to provide any kind of medical services), and CBD agents.

♦ During a CBD refresher course in September 1999, the CBD agents received training in the use of various IEC materials.

- SEATS' partner, World Education, assisted SCF in an analysis of its literacy program to determine if integrating FP services and information would effectively strengthen both literacy and FP. As resources for a complete subproject were not available, SEATS instead worked with Action Aid to add a RH component to the 'Reflect' literacy training model, which is used in Mozambique by SCF and other USAID-funded PVOs. The RH module will be added to the Action Aid Mother Manual distributed in Mozambique and 30 other countries.
- Figure 4 shows the increase of contraceptive users during the time period of the subproject.

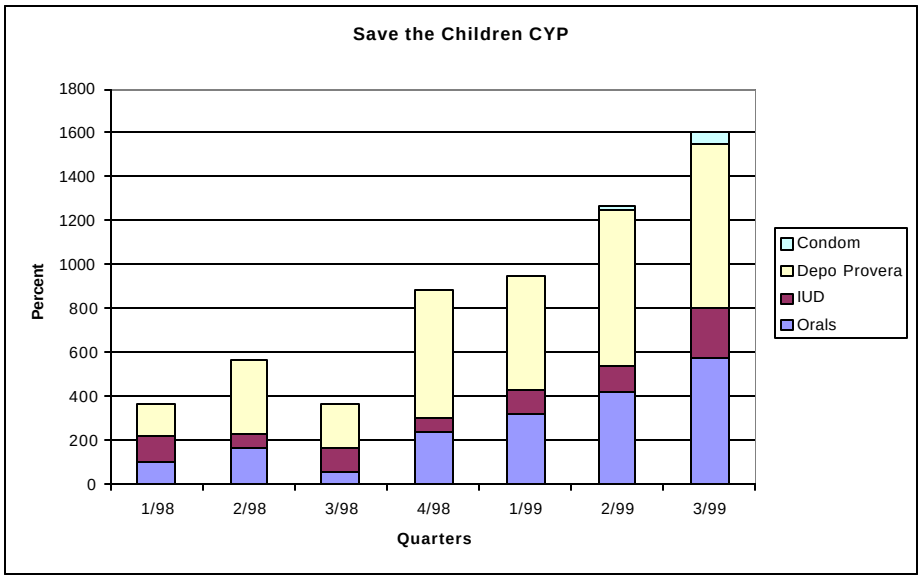
Figure 4: Number of Users, Save the Children



Objective 2: To promote the delivery of good quality FP services in the subproject districts by supporting SCF in the development of effective service delivery strategies, staff training and assessment of service quality

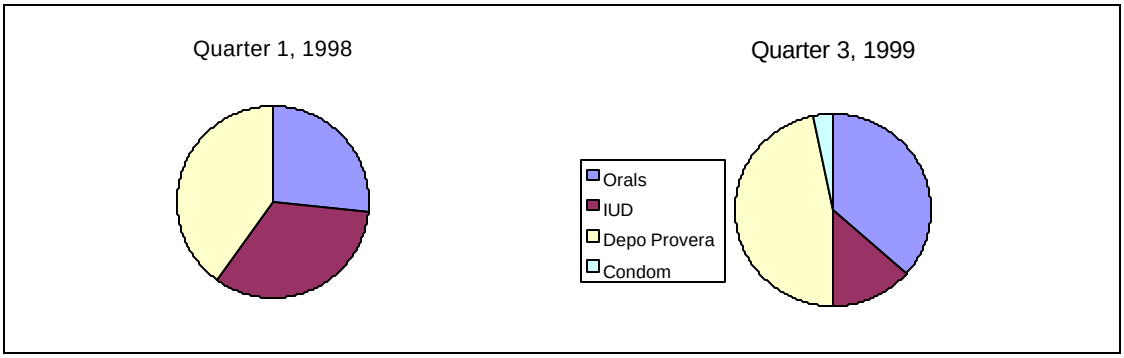
- SCF staff participated in the SEATS Africa Regional Quality Workshop in September 1998. SCF also supported the participation of a MCH nurse from Gaza.
- SEATS conducted CQI training in March 1999. SCF, with the MOH, created three quality teams, one each in Xai-Xai, Bilene and Manjacaze Districts. The teams identified priority problems and developed quality improvement action plans. Quality activities were implemented from March to September and continue to date.
- Two nurses from each of the SCF districts were trained in FP counseling skills and received contraceptive technology update training. These nurses, with assistance from SCF, in turn trained all MCH nurses in three districts.
- SEATS used the QIQ tools to assess the quality of family planning services at several health centers in Xai-Xai district. A baseline was done in February 1999 and an endline study was done in October 1999.
- Provider training and availability of a range of methods increase demand for services. Figure 4, above, shows the increased number of users in the subproject. Figure 5, below, shows the corresponding increase in CYP.

Figure 5: Save the Children Federation CYP



- Figure 6 shows the change over time in method mix. The demand for IUDs is very low due to various socio-cultural beliefs, lack of adequate instruments and limited practical skills of the nurses. Since the FP skills training took place toward the end of the project, it is expected that the proportion of IUD acceptors will increase in the future.

Figure 6: Save the Children Federation CYP Method Mix

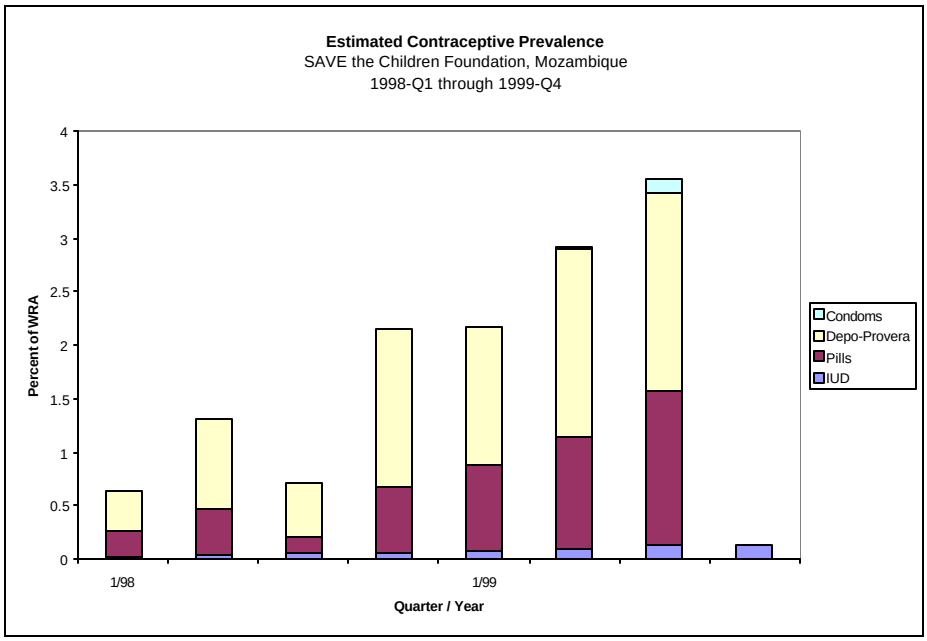


Objective 3: To assist SCF and the DPS and the relevant DDS in the design, monitoring and evaluation of a pilot CBD program in at least one of the project districts

- SCF participated in all of the workshops to design the CBRH curriculum and train trainers.
- SCF was a member of the CBD task force established during the PVO forum.
- SCF worked with the SEATS logistics consultant to determine the impact of a CBD program on the pipeline of FP supplies at the provincial and district levels.
- SCF, SEATS and the DPS designed a CBD pilot program for Julius Nyerere Village, Xai-Xai District. Another site was scheduled, but authorization has not yet been received from the MOH.

- Twenty-five CBRH agents were initially trained in March 1999 and started their activities in Julius Nyerere Village. Activities included talks to the community about FP, distribution of commodities and referrals to the health post.
- Of the 25 trained CBRH agents, 21 participated in the refresher course in September 1999. The four not attending all had valid reasons for their absence and continue to function as CBRH agents.
- SCF is working on the sustainability of this program and is planning to introduce incentives for CBRH agents in the form of poultry raising (with which they already have gained experience in other projects).
- Figure 7, below, shows the estimated CPR in the SCF project area and includes clients served by CBRH agents.

Figure 7: Save the Children Federation Estimated CPR



3. Terre Des Hommes Subproject (June 1997 - October 1999)

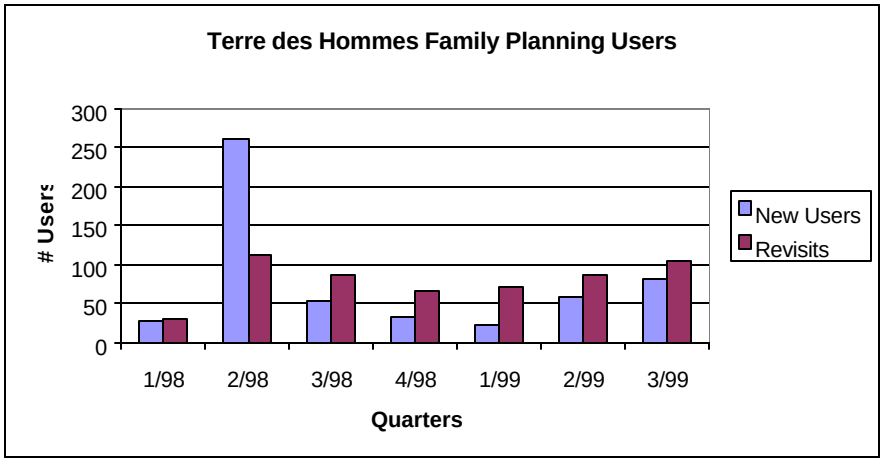
Terre des Hommes has been working in Cheringoma District in Sofala Province since 1993 and in Muanza District since 1994, providing humanitarian assistance, rehabilitating health infrastructure and helping to re-establish basic health services. Since 1997, TdH has been implementing a four-year child survival project funded primarily by USAID/Mozambique that focuses on improving the delivery of facility and community-based health services and on increasing awareness and utilization of these services. SEATS was invited to support TdH's reproductive health activities in a catchment area of approximately 9,000 WRA.

Objective 1: To promote demand for FP through the development of locally-effective IEC strategies and messages aimed at community leaders and husbands as well as at women of childbearing age

- In 1997, a community IEC specialist worked with TdH and DPS staff to train them in the use of local materials for health education. As a result, TdH has prepared dramas for health education, which will be filmed and shown in different villages.

- In 1998, TdH pretested a FP flipchart, then chose to incorporate safe motherhood into the flipchart. Due to lengthy production processes and shipping, the flipcharts arrived at the TdH site only at the end of the project. TdH will train the *activistas* (Red Cross workers trained to provide basic health services) and TBAs in the use of the IEC materials for household visits and health talks in the community.
- TdH has purchased video equipment for the use of locally taped dramas on RH topics as a health education tool at the mobile clinics.
- Figure 8 reflects FP use during the subproject.

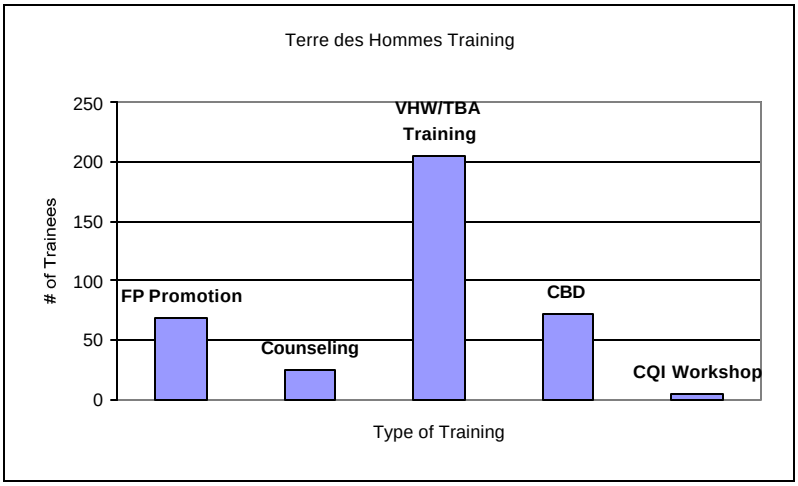
Figure 8: Terre des Hommes Family Planning Use



Objective 2: To promote the delivery of good quality FP services in the project districts by supporting the development of effective service delivery strategies, staff training and field evaluation

- Health center staff were trained through the DPS in STI diagnosis and treatment as well as in FP counseling skills.
- In two workshops, all TBAs and activistas from both Muanza and Cheringoma Districts were trained to be RH motivators.
- Essential equipment was purchased for the health centers in the target areas (e.g., delivery and examination couches; scales for adults and children; sterilization drums; instrument trays; and various instruments).
- Monitoring and evaluation of the training activities are ongoing. Figure 9 shows training that was delivered through the TdH subproject.
- TdH participated in quality training in Xai-Xai in March 1999 and developed a quality action plan. Quality activities were developed and implemented from April to September 1999: they included the selection and training of activistas and TBA's as CBRH agents and the use of FP flipcharts.
- The pill is the method most often distributed in the TdH project area. In Figure 10, the increase in CYP from the beginning to the end of the subproject reflects the success of combined activities for quality and effective service delivery strategies.

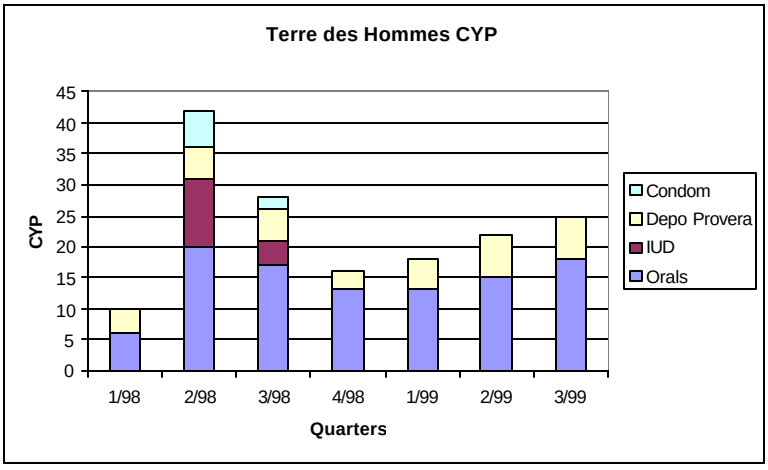
Figure 9: Subproject Trainees: Terre des Hommes



Objective 3: To increase access to FP/RH services through a pilot CBD program in the target districts

- TdH added the CBRH component to its program after the first PVO forum. TdH received DPS approval and participated in the workshops to develop the curriculum and in the TOT.
- TdH trained 20 CBD agents from each district (in partnership with each village TBA) in May 1999. Each district trained 15 additional CBD agents in October 1999, bringing the total to 35 per district.
- CBD agents contributed to the number of users and CYP in the TdH subproject, as reflected in Figure 10, below.

Figure 10: Terre des Hommes CYP



4. Health Alliance International Subproject (July 1998 - September 1999)

Health Alliance International has been working in central Mozambique since 1992, initially in four districts in Manica Province. Since 1996, HAI has provided provincial level technical assistance to the

DPS of Manica and Sofala Provinces through its USAID/Mozambique PVO II grant. Bisecting these two provinces is the Beira Corridor, a road, rail and oil pipeline that links landlocked Zimbabwe to the Mozambique port city of Beira. The corridor was relatively well protected during the war, resulting in an enormous influx of internally displaced Mozambicans and swelling all towns along the corridor. Taxed by the increased population, the quality of health services had declined sharply by the end of the war.

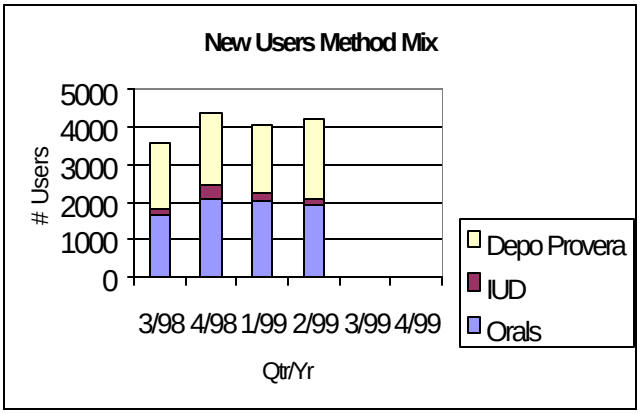
In November 1997, SEATS conducted an RH needs assessment to gather information for the development of a subproject proposal. SEATS' subproject with HAI was designed to expand and improve FP/RH services in the 20 health service delivery sites along the Beira Corridor.

Soon after program implementation started, HAI identified a need for meeting the RH requirements of young adults in Beira. Fortunately SEATS was able to provide limited Urban Initiative funds to support this activity.

Objective 1: To improve community awareness of reproductive health services, especially FP (but including prenatal care and STIs) in the catchment area of 20 health facilities along the Beira Corridor.

- Sixty-three Community Leaders Councils (CLC) in Manica with a total of 388 members were oriented to RH issues in the rural areas.
- CLC groups on the Corridor near the selected health delivery sites received continuing health education sessions. In Sofala, 268 members were trained in RH issues.
- Over 11,000 people were exposed to theater presentations about RH. In addition, a STI/AIDS play was presented to an estimated 5,600 people.
- Health education events were held in urban work places.
- FP flipcharts, approved by the MOH in Sofala and Manica, were printed and distributed to health delivery sites, CLCs, TBAs and urban groups.
- Ten large metal signs (using the cover picture of the flipcharts), were made for the walls of the health center announcing the availability of family planning services
- New users over the life of the project are reflected in Figure 11, below.

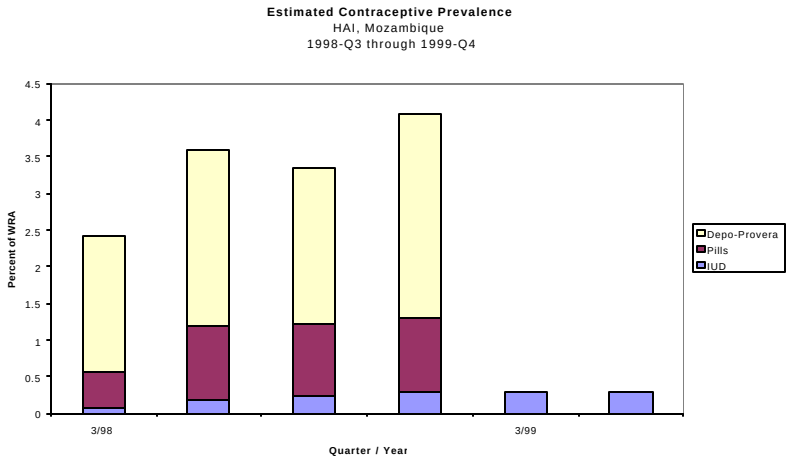
Figure 11: HAI New Users



Objective 2: To improve the quality of care in FP and STI services at 20 selected health facilities along the Beira Corridor

- FP skills training courses were held in Manica and Sofala for all MCH nurses in the provinces in November and December 1998. Forty-five nurses were trained.
- STI diagnosis and treatment refresher training was conducted for 62 MCH nurses in Manica and Sofala Provinces. The training was coordinated by HAI with assistance from FINNIDA and GTZ.
- HAI conducted follow-up activities on all training through weekly supervision visits.
- HAI staff participated in the SEATS Africa Regional Quality Workshop in September 1998.
- HAI staff participated in the CQI training in March 1999. SEATS provided technical assistance to work with the Munhava Health Center in Beira on quality activities from April through September 1999. The quality activities are expected to expand to other health centers using the CQI approach.
- Quality activities included: FP and STI skills training and follow-up; procurement of essential equipment; theater presentations; and establishment of a youth corner.
- QIQ tools were used to assess quality at three health centers in Beira and three health centers in Manica in February 1999.
- Two half-day seminars were organized to discuss the QIQ results, leading to various changes based on the findings.
- In September 1999, six MCH nurses in Manica Province and 12 in Sofala received visits to determine the knowledge and skills retained one year after FP training. Results showed that the MCH nurses had retained the majority of their knowledge with only a slight decrease.
- Essential equipment was purchased for six health delivery sites in Sofala and four in Manica, including IUD insertion kits, instrument trays, sharp containers, scissors, sterilizers, etc.
- Locally made wooden penis models were procured and distributed to all 20 health centers, urban groups and TBAs for condom demonstrations. Each health center received at least two models for FP and STI consultations.
- Increased CPR in the HAI subproject area is reflected in Figure 12, below.

Figure 12: HAI Estimated CPR



Objective 3: Objective 3: Improving the quality of adolescent reproductive health services.

- Beira City health officials and the DPS visited the SEATS Lusaka (Zambia) and Gweru (Zimbabwe) Urban Youth programs in preparation for a similar program in Beira.
- A core group called the Nucleo was formed to coordinate the Beira Urban Initiative. It included representatives from the DPS, Beira City Health Directorate, HAI and the Association for the Benefit of the Child (ASEM), a local NGO.
- An urban assessment was carried out to determine the types of community groups to work with in Beira.
- The Nucleo decided how best to reach the Beira population with a series of activities funded by the SEATS/HAI subproject and ASEM.
- Beira Urban Youth activities included:
    - Establishment of a youth corner for FP and RH in Munhava Health Center. The site was renovated; essential equipment was purchased, including television and video for health education purposes; IEC materials were developed and distributed.
    - Establishment of a youth corner in Manga Health Center.
    - Skills training in adolescent health and youth-friendly counseling for 22 MCH nurses.
    - Five-day training in RH for 44 peer educators.
    - Three-day sexual health, STI/HIV/AIDS training for teachers and 22 school youth leaders of anti-AIDS clubs.

VI. ACCOMPLISHMENTS

The previous section (IV - Implementation) outlines briefly what SEATS has done in collaboration with the MOH, subproject implementing agencies and other partners in Mozambique. Appendix I offers a list of documents providing details on specific activities. It is important, however, to consider what overall contributions SEATS II has made to Mozambique's national FP and RH program and what value SEATS has added toward the achievement of USAID's strategic objectives.

A. Improved Access to Reproductive Health Services

Perhaps the most important contribution SEATS made to increasing access to RH services in Mozambique was its role in establishing a CBD program. Through close collaboration with the MOH, Pathfinder and the PVO community, SEATS helped to develop a CBD training curriculum, support TOT workshops and implement pilot CBD programs in the field. To date, 46 Community Based Reproductive Health agents are operational in Gaza Province (WRC and SCF districts), and 68 are operational in Muanza and Cheringoma Districts in Sofala (through TdH). All have been trained in the use of IEC materials. Through these agents, the access of the rural population to modern contraceptives is increased significantly. As both projects have been operational for only a short time, the data can only be indicative of the potential increase in new users. These pilot efforts, which were developed in close collaboration with the MOH, are serving to create a more supportive attitude and policy environment for CBD within the GOM. The success of the pilot activities will help lay the groundwork for the expansion of the CBD program nationwide.

Another important achievement in improving access to services was the establishment of specific youth corners that operate in two clinics in Beira. Twenty-two service providers have been trained in youth-friendly services, addressing the needs of this important segment of the urban population. In addition, peer educators have been trained and, in seven schools, anti-AIDS clubs were established after the training of teachers and students. As the first youth corner became operational only in July 1999, and there were some problems with the availability of contraceptives and registration forms, service statistics are available covering only a few months. However, they show promising results for the utilization of these services. In December 1999, HAI with the City Health Directorate planned to assess the satisfaction of the users through focus group discussions and exit interviews.

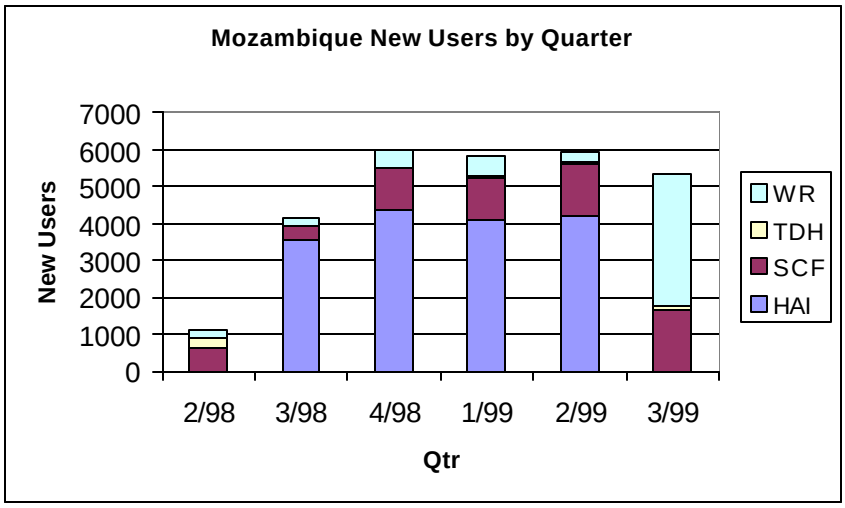
Through the development, testing, production and dissemination of IEC materials, SEATS has helped increase access to services. IEC materials are now used throughout the country to help communities become more aware of and knowledgeable about existing services and how to use them. Health care facilities and community-level providers have materials that help to inform clients and promote services. Complete cataloging of all existing IEC materials helped identify the most useful among them as well as identifying gaps that could be filled through the development of new materials.

SEATS provided additional support to HAI and one of its local partners that targets commercial sex workers (the Organization of Women-Educators of AIDS) to implement a number of AIDS/STI educational activities. These included theater, dance and song performances, individual and group talks and debates and the distribution of educational materials.

One of the most highly praised and widely used materials provided by SEATS was the FP flipchart. The flipchart is a pictorial description of daily life, RH issues and services in Mozambique. The Portuguese and/or local language text on the “flip” side of each picture prompts health workers/service providers to discuss particular aspects of the picture. Clients receive new information from the flipcharts; and providers using the flipcharts in educational sessions create an opportunity for people to discuss the pictures and engage in conversations about their own concerns. One FP-only flipchart and one that includes both FP and safe motherhood were produced. Over 6,500 flipcharts were provided by SEATS and are in use nationwide.

Figure 13, below, reflects the increase in new users among the SEATS subprojects.

Figure 13: Mozambique Four Subprojects New Users



B. Improved Quality

Quality Training

SEATS provided training in quality both regionally and at the national level. Quality training was provided to staff from all of the Mozambique subprojects and additional MOH representatives. Following training, each subproject developed a quality action plan; and quality teams are now operating at the health center level in each of the subproject areas. These teams meet on a regular basis to discuss progress on the resolution of identified problems.

All of the subprojects have achieved improvements in indicators included in their quality action plans. The objectives established under quality action plans were designed to strengthen and complement overall subproject objectives and activities. Quality objectives, for example, ranged from improving FP IEC activities to increasing the number of new acceptors at fixed facilities and through mobile brigades by training providers, including community members in quality teams and increasing the use of IEC opportunities (e.g., FP talks in communities) and materials (e.g., FP flipcharts).

Including community members in quality planning and activities is a major achievement. Community Leaders' Councils in the HAI subproject area, for example, received training regarding the importance of FP for improving maternal and child health and the importance of early and frequent prenatal care for decreasing perinatal and infant morbidity and mortality associated with STIs. Follow-up to these trainings continues during regular meetings of individual CLCs with health staff at each facility. CLC trainings are conducted once a year at the district center. Representatives from all CLCs in the district are invited to participate. Those who participate are then expected to return to their communities to share the information they received with other members of their council and the rest of the community.

QIQ

The QIQ tools were selected to monitor field indicators of the quality of clinic-based family planning services. SEATS had already gained experience with this method in Zimbabwe, and the instruments were translated and adapted to the Mozambican situation. The QIQ was carried out in the SCF and HAI subproject areas (Sofala, Manica, and Gaza Provinces). In each province, three health delivery sites were selected with an expected reasonable FP client flow to reach a minimum of 30 clients per site.

The baseline in the SCF subproject area showed that nurses' counseling and technical skills were not optimal; waiting times for services were very long; less than 60 percent of providers encouraged their clients to ask questions; and the overall information exchange index score was low. New clients were not screened thoroughly for contraindications and infection prevention measures were not taken consistently. IEC and other visual materials were lacking.

All health facilities included in the study provide 'usually' at least four FP methods: pills, injectables, IUDs and condoms. Stockouts of one or more commodities were a rather regular event, not only at the facility level, but also at the provincial and national levels. Lack of essential equipment to adequately administer the different methods with acceptable levels of quality was observed at all levels.

The endline QIQ showed improvements in stock management; reduction of waiting times; and improvements in counseling skills, especially in the number of topics discussed during the consultation. Change could also be measured in clinical skills. To address the lack of IEC materials, the flipcharts developed by SEATS were distributed to all clinics. Essential equipment has been purchased and delivered to the health centers.

In the HAI area where nurses had received FP training a few months prior to the first QIQ, differences in technical and counseling skills were noted when compared to the SCF area. However, the state of the health facilities was rather poor, especially in Beira, with lack of adequate storage for contraceptives, problems with water leaks and lack of IEC materials and visual aids. Infection control was also identified as a problem, from lack of containers for disposing of used sharps to inadequate hand washing.

The second QIQ round was not carried out in the HAI area. The initial survey was carried out after several key activities had occurred so that changes in QOC were not expected. Instead, the nurses were given the same test ("post-post-test") they received as a pre- and post-test during training to find out how much knowledge was retained after a period of one year. In general, the technical knowledge and counseling skills as measured by the post-post-test remained high for all the nurses. Results showed that the knowledge retained by nurses in Manica Province was very close to that in the post-test, indicating the positive impact of continuous supervision and on the job learning. In Sofala Province, the post-post-test results showed a 75 percent pass score, less than the post-test but still rather high.

Facility Improvements

Limited facility audits were done at the same the time as the post-post-test. Results showed that in many cases, the health facilities had made improvements based on the QIQ results. On one occasion, the nurse mentioned that the roof had been repaired and that water could no longer enter the counseling room. SEATS provided flipcharts as IEC materials and, with SEATS support, HAI obtained wooden penis models for the nurses to explain condom use. Large metal signs to announce FP services were placed in 10 health centers, and HAI will produce 10 more with its own funds. The signs increase community awareness of available services.

Most facilities now have some kind of client feedback mechanism in place, and certain changes have been made, especially in improving the attendance of clients. All providers have a way to express their ideas and opinions in meetings with management and colleagues.

Availability of essential equipment is key to service quality. With SEATS funds, each subproject purchased essential equipment to distribute to the health centers. These ranged from IUD insertion kits to examination tables, sharps containers and instrument trays.

Technical Competence of Providers

SEATS helped improve human resources development and technical competence in the subproject areas. More than 60 MCH nurses in three provinces were trained in family planning technical and counseling skills. Trainee follow-up revealed over 70 percent learning retention one year after training.

STI training was provided to 62 nurses in Manica and Sofala (with some financial and technical assistance from FINNIDA). Training and close follow-up have helped to increase the skills and knowledge of the MCH nurses. The morale of the staff has been raised through training and supervision.

The importance of regular feedback through meetings, seminars and quality team meetings has proven great. It has stimulated ongoing discussion among health personnel and greater willingness to consider, initiate and incorporate change.

In addition to FP technical and counseling training for MCH nurses, twenty-two providers were trained in youth-friendly services. A cadre of trainers was trained in the CBD curriculum, offering a critical resource to continue expanding this important program. The CBD trainers gained experience training CBRH agents in the field.

To ensure ongoing benefit from training CBRH agents and the increase in service delivery points through creation of the CBD program, significant attention was devoted to development of supervisory structures and a supportive supervision system. Careful follow-up reinforces good performance and allows immediate corrective measures if needed.

At the facility level, client-provider interactions (281) were observed during facility audits described above. Overall, the providers' actions during counseling sessions are positive. Nurses try to make clients feel at ease, treat them with respect and, in private, encourage them to ask questions. In exit interviews (278), most women expressed satisfaction with the counseling and services they received at the health facility. They reported that they were provided with sufficient information on method choice, use and side effects, and that they were treated with respect.

C. Improved Sustainability

SEATS worked with each subproject in Mozambique to address concerns about the sustainability of their FP/RH programs. Through the creation of sustainability plans, issues that were addressed included: creating and promoting demand for services; strengthening MOH capacity to support CBD activities; cost recovery for FP commodities; leveraging resources; commodity management; and strengthening the relationship between the MOH and the community.

Each subproject had its own sustainability plan with activities integrated into ongoing subproject activities. However, the special attention and technical assistance provided to address sustainability issues helped heighten the awareness that programs relying solely on donor support are at high risk of ending once donor funding comes to an end, and sustainability planning needs to occur as early as possible in the project.

The activities integrated into the subprojects included technical assistance provided by SEATS and FPLM on contraceptive logistics management; consistent inclusion of MOH officials and representatives in project planning, implementation and monitoring; development of supervisory tools and training; and proposal preparation assistance.

Results of the sustainability activities vary, but are encouraging. The MOH, for example, has demonstrated increasing internal commitment to the CBD program and the role it needs to play to expand and support it. The training capacity of the PVOs has been increased and institutionalized through the training of trainers. Income generating activities are being developed by and for CBRH agents to ensure their ability and willingness to continue working. Proposals have been developed and submitted to a variety of donors for specific programs and activities. The groundwork for community participation has been laid through the training of CLCs and their inclusion in quality teams in the subproject areas. Stockouts of contraceptives and other commodities have been reduced. Monitoring and supervision systems have been improved and institutionalized. MOH staff have participated in the training and meetings of community leaders. Program monitoring and evaluation capabilities have been increased within the PVOs. These are all critical achievements for ensuring the sustainability of the programs USAID, the GOM, PVOs and SEATS have supported.

D. Attention to Youth

HAI succeeded in initiating special RH activities for youth under the Urban Initiative component of its subproject. At Munhava Health Center, a youth corner was established by renovating and furnishing a large unused room to accommodate both individual consultations and group educational sessions. The youth corner has a separate entrance from the rest of the clinic to encourage youth to come freely, without fear of being seen by adults or relatives. Some of the existing IEC pamphlets and posters about FP and STIs were reproduced for the youth corner and other IEC materials were developed to specifically target youth. Educational videocassettes were obtained from Maputo youth programs. Missing FP equipment was procured. Staff started working in the youth corner on both weekdays and weekends to accommodate the schedules of local youth. Initially, only counseling and education sessions were provided, but with the arrival of equipment, contraceptives were also made available to youth. Youth who need physical examinations are taken to the regular FP consultation room around the corner during times when it is unlikely to be in use. To monitor the use and operations of the youth corner, the CQI team has developed data collection forms including individual data sheets, a daily registry and a monthly statistics summary. Intital service statistics from the Munhava Youth Corner have been encouraging, as evidenced below in Figure 14.

Figure 14: Munhava Youth Corner Statistics, July – September, 1999

MONTH	YOUTH Male	ATTENDANCE Female	Counseling sessions	STI cases	Condoms distributed
July 1999	131		2	9	500
August 1999	57	11	57	1	500
September 1999	54	44	95	2	432

To assure appropriate services for youth, 22 health providers received a five-day comprehensive training in adolescent RH, advocacy and counseling techniques. Five of the 22 providers began working immediately at the youth corner. After the training, the youth corner staff and other CQI team members met to discuss specific tasks, rotating work schedules, logistics and other administrative issues to ensure the proper functioning of the youth corner. The workload of youth corner staff is likely to decrease through the training and operation of peer educators in the future. There are currently 23 trained peer educators and it is hoped that more will be trained in the future to further decrease the staff workload and to control turnover rates. HAI has put together a reference manual on youth RH for the peer educators. Their role includes: giving health talks at the youth corner; promoting youth corner services in the community; and educating community members about youth RH.

Involving the community and youth to support the youth corner was essential. An orientation seminar for community leaders and youth representatives was held to explain the objectives of the youth corner and obtain community support. During its first month of operation, many youth attended the youth corner. However, later attendance was lower because vaccination campaigns occupied the youth corner for several weeks and community leaders were busy promoting the vaccination campaign. To improve attendance at the youth corner, the CQI team decided to plan periodic promotional community visits by health providers to schools and businesses. The CQI team also decided to support radio spots about the youth corner and youth health issues.

The interest in the youth corner expressed by providers, community members and youth alike is very encouraging. Other quality teams are looking for ways to replicate the Munhava experience. HAI and other interested local and international organizations are working together to create a youth center independent of existing health facilities to further strengthen the services and information available to youth. It will be important to address the need to link youth to other government social programs in order for them to have access to free medication for STIs and other diseases.

VII. CONSTRAINTS

During the implementation of the project, SEATS faced several obstacles that complicated timely implementation and delayed some of the activities. The full agenda of activities and the delays caused some friction within the subprojects as not all activities could be well coordinated and sometimes timing was not optimal.

1. Field support: SEATS initially received only a modest amount of field support funding for all of its activities, getting the bulk of the funding only in April 1998. An in-country SEATS presence could not, therefore, be established until January 1999 due to the uncertainty of additional funds.

2. Subproject agreements: SEATS began with a Memorandum of Understanding with each PVO, which did not allow for direct funding of activities through the PVOs. This created problems when activities were started. Contracts with direct funding mechanisms were then prepared, but by then subprojects did not have adequate time to train accountants in SEATS' financial procedures.

3. Country registration of JSI/SEATS: This process was not started until November 1998, again due to the lack of an in-country presence. Initially, all activities were done through the PVOs, and it was their responsibility to coordinate with the MOH in their respective provinces. SEATS met regularly with the central MOH, but was operating in an unofficial capacity. JSI/SEATS registration was completed by the GOM in December 1999.

4. USAID/Mozambique: USAID changed its program suddenly in 1998. Many planned SEATS activities needed to be changed since USAID/Mozambique had not yet developed clear operating mechanisms with the MOH (See Saúde Plus document) or completed its new results packages.

5. PVO workload: SEATS funding in some cases doubled the program load of the PVOs. While some were able to handle the increased work, others had greater difficulties. It was suggested that either a program such as SEATS should be incorporated earlier, or it should be scaled down to what can be reasonably handled by the existing PVO staff, especially given short subproject time frames.

6. Materials production: The production of the FP flipcharts took much longer than was expected. Delays were caused by technical and production problems. The preparation of paperwork needed to import the flipcharts put an additional delay on their arrival.

VIII. LESSONS LEARNED/RECOMMENDATIONS

Project Design

- The duration of the subproject greatly influences the impact of activities. Subprojects of this nature should have longer timeframes. PVOs felt that the time was insufficient for adequate implementation.
- In-country presence is a must and should be established from the beginning. Through short-term technical assistance, SEATS was able to ensure the design of subprojects by people familiar with the local context and working in close collaboration with the PVOs. Implementation, however, would have been facilitated by continuous in-country presence from the beginning.
- Monitoring and evaluation components should be well planned at the project design stage and integrated into the organization's existing MIS. M&E plans developed later in the subprojects meant that baseline data collection was not always complete and impact could not be measured for some of the objectives.

Collaboration with MOH and PVO Partners

- It is best to work through groups that are already known in a community, as was SEATS' approach in Mozambique. The PVOs were well-established, highly respected partners in the communities where SEATS was asked to work.
- Involvement of DPS/DDS in the development of subprojects is essential to increase their sense of ownership and responsibility for, as well as the sustainability of, the subprojects. As the management of the subprojects (and the funds) were in the hands of the implementing agencies (SEATS and the PVOs), the DPS/DDS did not always feel compelled to collaborate. The CBD program was negatively affected by inadequate collaboration from the DDS/DPS. Mechanisms to foster collaboration should be incorporated at the project's inception.

Supervision

- Training followed by continuous supervision helps retain new knowledge and is more effective than training alone. It is a recommended feature of such a program and is appreciated by the health workers.
- Supervision systems warrant broader discussion. Experience from Sofala Province indicates that paying for supervision visits is counterproductive to the overall services. Supervision visits should be routine and not limited to those SDPs supported by a subproject, as this does not foster sustainability.
- Supervision should be on a monthly rather than weekly basis; and it is better done by district level than provincial staff. The district health personnel should take responsibility for this major activity.
- Regular supervision and contact with health personnel improve morale. To make supervision more effective, it should include training and guidance, trouble-shooting, identifying problems and solving problems instead of just noting them on checklists. The supervision should have definite objectives.

Training

- The combination of activities targeted at the community level and at the health service level helped to increase the number of FP clients. Nurses expressed satisfaction with regular contact with their supervisors and opportunities to learn. Community awareness has been increased through activities targeted at the community level, and the clients have not been disappointed because services have improved over time.
- Training has helped to increase interest in improving service provision. This can be seen through IEC materials being developed and put on walls by the MCH nurses following the counseling course and through their use of flipcharts and other instructional materials.

CBRH Agents

- Trained health volunteers were selected as CBRH agents. This facilitated their acceptance in the community. Their previously acquired knowledge in preventive health care made it relatively easy for them to discuss sexuality matters.
- In the future, CBD agents may be able to reduce the workload of MCH nurses at the health posts.

Quality

- The constant sharing of information and feedback through the CQI process generated good discussion among quality team members and is leading to positive change. Regular meetings are now held at the district level to discuss issues and to develop, implement and evaluate activities.
- QIQ provided valuable QOC data. Regular feedback, like the half-day seminars to disseminate the QIQ results, led to some changes in infrastructure and infection control in Manica and Sofala Provinces. However, the short duration of the subprojects left insufficient time to use the findings optimally and then measure results.
- The combination of training and material support through procurement of equipment can solve some problems that training alone cannot (e.g., good counseling and technical skills without adequate equipment may not ensure good quality of FP services). It was important to the success of the subproject that funds were available to solve some of these problems, including lack of equipment, identified by either studies or the quality teams.
- The establishment of the youth corners in Beira promises good results. Data driven decision-making with the quality teams and community can successfully build support for youth services. Although it is too early to have any impact information, the initiative has been well received and youth are encouraged and facilitated to utilize the service. The initiative will be expanded to Manica Province. The idea of developing special services for youth is widely accepted.

APPENDIX I: RELEVANT PUBLICATIONS, DOCUMENTS AND REPORTS

Note: All subprojects produced quarterly reports highlighting their activities and service statistics. These are not listed separately below. Some of the province-wide activities in Sofala included participants from Terre des Hommes, but the reports are listed under Health Alliance International.

National Activities

- Report of the CBD Study Tour in Malawi, February 15 - 19, 1999
  Organized by SEATS with assistance from Pathfinder International

- Family Planning Counseling Skills Training: AVSC International, translated by: RFS MISAU FNUAP Maputo, 1996, used for FP training in May 1999 and beyond
  - Aconselhamento em Planeamento Familiar : Módulos de Facilitador
  - Aconselhamento em Planeamento Familiar: Manual de Participante
  - Aconselhamento em Planeamento Familiar: Guião para os Trabalhadores de Saúde

- Workshop Report on the Training of Trainers in the use of the Community-based Reproductive Health Agents Curriculum
  Original: Formação de Formadores no uso do Curriculum dos ACSR
  Bilene, 22 November - 4 December 1998

- SEATS Mozambique Program Review Report, December16, 1998

- Workshop Report on the Training of Trainers in the use of the Community-based Reproductive Health Agents Curriculum
  Xai Xai, March 1 - 15, 1999, by Dr. Hammouda Bellamine, consultant

- Continuous Quality Improvement Workshop Report
  Xai-Xai, Mozambique, March 17 - 20, 1999, with PVO and MOH staff from Sofala (HAI/Beira; TdH/Cheringoma and Muanza; WRC/Guijá; SCF Xai-Xai Districts)

- Results of the MAQ study of indicators for monitoring quality of care for clinic-based family planning services in Sofala, Manica, and Gaza Provinces, May 1999, by Carolien Albers

Health Alliance International

- Community Leaders Council Program Information Bulletins:
  - Emergency obstetrics
  - Information about HIV/AIDS
  - Local plans against AIDS
  - Family planning

- Report of Seminar on STI/AIDS for MCH nurses - DPS Sofala
  First Phase July 27 - August 1, 1998
  Second Phase August 3 - August 8, 1998

- Report of Seminar on Family Planning Counseling for MCH nurses - DPS Sofala
  November 2 -13, 1998

- Report of Seminar on Family Planning Counseling for MCH nurses - DPS Manica
  November 23 - December 2, 1998

- Report of Cultural Performances on Reproductive Health (PAC: programa de activistas culturais), Manica Province, 7 - 12 April, 1999

- Needs assessment and available resources in the area of Reproductive Health in the city of Beira Fernando Jojó, DPSS/HAI, Sofala, 1999

- Report of the seminar on the training of reproductive health service providers for adolescents and young people
  June 15 - 19, 1999, DPS Sofala, DSC Beira, HAI, by Dra. Nídia A.A.Remane Abdulá

- Manual for Peer Educators in Reproductive Health - DPS Sofala and Manica - HAI,
  Used for training in Beira, August 24 - 28, 1999

- Manual for the School Program about Sexual Health, HIV, AIDS and STIs
  Projecto Esperança of Development Aid of People for People and HAI, 1999

- Final Report HAI - SEATS Subproject, Rob Newman, November 1999

- Final Report Quality Activities, HAI, by Veronica Fletcher, October 1999

World Relief Corporation

- Baseline Assessment conducted in Mabalane and Guijá Districts, Gaza Province, Mozambique September 14 -24, 1998, SEATS, by Nancy McCharen and Celso Mondlane

- Each monthly report also included a summary of the other activities such as the CBRH agents training, IEC material training, etc.

- Final Report - World Relief-SEATS Subproject, by Dr. Pieter Ernst, October 1999

- Final Report Quality Activities, World Relief Corporation, October 1999

- Sustainability - World Relief Corporation

Terre des Hommes

- Report of Seminar on Training of TBAs and Activistas of the Red Cross of Cheringoma and Muanza, November 1998

- Report of the training of CBRH agents in the district of Cheringoma (Sofala), June 14 – 19, 1999

- Report of the training of CBRH agents in the district of Muanza (Sofala), June 14 – 19, 1999

- Midterm Analysis of Project, Plans for the 2nd phase, by Dr. Abimbola Lagunju, July 16, 1999

- Final Report – Terre des Hommes-SEATS Subproject, by Dr. Abimbola Lagunju, January 2000

Save the Children Federation

- Report of the Seminar in Family Planning Counseling Skills for MCH Nurses of Bilene, Guijá, Chókwe, Mabalane, Manjacaze and Xai-Xai districts
  DPS, SC, WRC . Xai - Xai, May 10 - 14, 1999

- CBD Training Report

- Report of CBD refresher course, Julius Nyerere Village, September 13- 17, 1999

- Results of the MAQ - presentation to the DPS, June 1999

- Final Report – Save the Children-SEATS Subproject, by Hirondina Cucubina, October 1999

APPENDIX II: SELECTION OF THE INDICATORS, RESULTS, AND DATA SOURCES OF WORLD RELIEF CORPORATION'S BASELINE AND ENDLINE SURVEYS

	Baseline (9/98)	Endline (8-9/99)	
Decrease in desired family size among men and women of project catchment areas:			
% of women with five or more children who do not want any more	50%	66%	Community Survey
% of women responding that they would like to use family planning in the future	33%	61%	Community Survey
% of women saying they would not like to use family planning in the future	38%	18%	Community Survey
Increase in levels of knowledge of FP/RH in the target communities:			
% responding **Pills** to the question "What family planning methods have you heard of?"	60%	86%	Community Survey
% responding **Injectables** to the question "What family planning methods have you heard of?"	61%	79%	Community Survey
% responding **Condoms** to the question "What family planning methods have you heard of?"	5%	24%	Community Survey
Increase in the knowledge of STIs, including HIV (transmission, risk, prevention, treatment):			
% mentioning HIV/AIDS as an STI	59%	84%	Community Survey
% responding they had heard of HIV/AIDS	88%	99%	Community Survey
% responding that it is possible to avoid HIV/AIDS	44%	66%	Community Survey
Change in CPR in target communities:			
% of women of reproductive age reporting that they are currently using modern methods of family planning	5%	10%	Community Survey
	2.4%	4%	FPPMES

	Baseline (9/98)	Endline (8-9/99)	
Socorristas demonstrate improved counseling:			
% of women reporting provider treated her respectfully	*Socorristas* did not provide services at baseline	98%	Client Exit Interview
% of women reporting provider permitted her to ask questions		96%	
% of women who report having received chosen method		98%	
Client satisfaction with chosen contraceptive method:			
% reporting satisfaction with chosen method	100%	99%	Client Exit Interview
% willing to pay for fp	51%	80%	Client Exit Interview